MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10686

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH· COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hughesville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) FREDERICK	(Middle) THOMAS	(Last) BOWLING	4. DATE OF DEATH (Month) NOVEMBER	(Day) 4	(Year) 1949
5. SEX M.	6. COLOR OR RACE W	7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify) Widow	8. DATE OF BIRTH 10/18/74	9. AGE last birthday 75 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Merchant	11. BIRTHPLACE (State or foreign country) Bryantown, Md.	12. CITIZEN OF WHAT COUNTRY? W.S.		
13. FATHER'S NAME Benjamin Bowling		14. MOTHER'S MAIDEN NAME Morton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mortimer B. Bowling			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) CORONARY SCLEROSIS (MYOCARDIAL FAILURE)	10 DAYS
Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) GENERALIZED ARTERIO-SCLEROSIS	UNKNOWN
	(c) ARTERIO-SCLEROTIC RENAL DISEASE	4 MONTHS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	REGIONAL ILEITIS	2 MONTHS

19a. DATE OF OPERATION OCTOBER 4, 1949	19b. MAJOR FINDINGS OF OPERATION REGIONAL ILEITIS	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) —	(COUNTY) —	(STATE) —
TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —		

22. I hereby certify that I attended the deceased from JULY, 1947, to NOVEMBER 4 1949, that I last saw the deceased alive on NOVEMBER 4, 1949, and that death occurred at 12.50 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John H. Griffin	M.D.	Hughesville, Charles Co.	11/5/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/7/49	St. Marys	Bryantown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-7-49	M. L. Monroe	Hunt & Ryan	Waldorf, Md
11/9/49	Julia H Pasey		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10687

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Victoria — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Victoria
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Lee (Last) Corkery

4. DATE OF DEATH: (Month) Nov. (Day) 12 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 11 1867

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Chas. Co. Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Somerset Corkery

14. MOTHER'S MAIDEN NAME: Elizabeth Swann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: R. Vernon Corkery

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 11-11-49

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gen. Art. Sclerosis — 1945

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 11-14, 19 49, and that death occurred at 11 30 A m., from the causes and on the date stated above.

SIGNATURE J. Edelen (Degree or title) M.D. — ADDRESS La Plata, Md — DATE SIGNED 11/12/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 11/15/49 — NAME OF CEMETERY OR CREMATORY: Christ Church — LOCATION (City, town, or county) Wayside, (State) Md

DATE REC'D BY LOCAL REG. 11/14/49 — REGISTRAR'S SIGNATURE Julia A. Casey

24. FUNERAL DIRECTOR: Hunter & Ryon — ADDRESS Waldorf, Md

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10688

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waedorf
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs
STREET ADDRESS (If rural, give location) 707 McNeil Road ✓

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Bacchus (Last) Earnshaw
4. DATE OF DEATH (Month) 11 (Day) 15 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify) Married
8. DATE OF BIRTH 9/~~14~~ 07
9. AGE last birthday 42 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice president Nat'l Met Bank
10b. KIND OF BUSINESS OR INDUSTRY Banker
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George Vernon Earnshaw
14. MOTHER'S MAIDEN NAME Clara Bacchus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Robert J. Earnshaw

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 11-15-49

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Medical Examiner's Case, 19, to, 19, that I last saw the deceased ~~alive~~ on 11-15, 1949, and that death occurred at 11 30 A.m., from the causes and on the date stated above.

SIGNATURE E. J. Edelen (Degree or title) M.D. ADDRESS La Plata, Md. DATE SIGNED 11-15-49

23. BURIAL, ~~CREMATION REMOVAL (Specify)~~ DATE 11/18/49
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Mt. Geo, Md.

DATE REC'D BY LOCAL REG. 11-15-49
REGISTRAR'S SIGNATURE M. L. Moore
24. FUNERAL DIRECTOR Huntt & Ryon ADDRESS Waedorf, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10689

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata
LENGTH OF STAY (In this place): [redacted] 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physicians Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Indian Head
STREET ADDRESS (If rural, give location): Clyment Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Samuel		Hurd	11	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Single	Jan 14 1908	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Charles Co, Md	U.S.A

13. FATHER'S NAME: William Hurd
14. MOTHER'S MAIDEN NAME: Martha Chase

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no.		Martha Hurd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
812.5 Immediate cause	(a) Compound fracture of skull	1 hr. 55'
170.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Automobile accident	1 hr. 55'
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Md. Highway 224	Mason Springs,	Charles,	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
11	28	1949	2A 25 m.			Walked into path of auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Jas. L. MacKavanagh, M.D., Deputy Medical Examiner	La Plata, Md.	11-28-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/3/49	St. Charles	Clyment, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/29/49	Julia H. Vasey	Penny & Cofer,	Mason Springs, Md

VS. A15A

RECEIVED
DEC 1 1949
BUREAU V. S.

10690

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 102

1. PLACE OF DEATH:
County: Charles
City or town: Ironsides.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 mths
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles
City or town: Ironsides.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Adjourn Johnson

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	S

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): November 7 1949

8. AGE: Years	Months	Days	If less than one day
		14	hrs. min.

9. Birthplace: Ironsides, Charles Co. Md.
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER — 12. Name: Robert Johnson.
13. Birthplace: Charles Co. Md.

MOTHER — 14. Maiden name: Gertrude Johnson
15. Birthplace: Charles Co. Md.

16. Informant: Gertrude Johnson
Address: Ironsides Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 21 1949 (month) (day) (year)

Cemetery or crematory:

Location:

18. Funeral director: William Thomas
Address: Doncaster Md

1949 Nov. 22 1949 A V Thompson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 21 1949, at 4 30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19..... to 19.....
and that I last saw h... alive on 19.....

Immediate cause of death	DURATION
Due to: Pneumonia (Bronchial	
Due to: No Physician in attendance	
Other conditions	

7490
107
(Include pregnancy within 3 months of death)

Major findings of operation:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Geo. C. McNaull M.D.
M. D. or other
Address: Marlboro Md Date signed: Nov. 21 49

VS. A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 24 1949
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10691

CERTIFICATE OF DEATH

Reg. Dist. No. 10-0

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: CHARLES · STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland. · COUNTY: Charles.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LaPlata. · LENGTH OF STAY (in this place): 1 day.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physicians Memorial Hospital.	STREET ADDRESS (If rural give location): Newburg. Maryland

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Antioni		LORENCE	November	27	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, (WIDOWED) DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white.		May 24-1861	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farmer	Poland	Poland

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		none	John Lorence

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary edema, Cardiac failure.	12 hrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial sclerosis with marked senile changes	
	(c) of the brain, heart, and kidneys.	6 years.

450.0

97

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	none.	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none	none	—	—	—

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—	—	—	m.		—

22. I hereby certify that I attended the deceased from April, 1949, to 27 Nov., 1949; that I last saw the deceased alive on 27 November, 1949, and that death occurred at 3:55 EST a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
A.O. Woodby. A.B., M.D.	LaPlata. Md.	27 November 49.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 29-49	Holy Ghost	Issue Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-24-49	Julia H. Veazey	Hewitt & Ryon	Waldorf Md

VS. A15

RECEIVED
DEC 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10692

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-LaPlata; MARYLAND; LENGTH OF STAY (in this place) 1 yr.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Barker	Marshall	Nov.	7	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Widowed	March 4, 1876	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farm	Byantown Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Benjamin Marshall	Mary Jane Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		W. J. Thomas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Congestive heart failure	32 hrs.
Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic, hypertensive, heart disease	3 years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Apr. 18, 1949, to Nov. 7, 1949, that I last saw the deceased alive on Nov. 7, 1949, and that death occurred at 6 45 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A Woodden	M.D.	LaPlata. Md.	7 Nov 1949.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/9/49	St. Pauls	Cheney, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/9/49	Julia A. Posey	Hurst & Ryon,	Waldorf

VS. A15

RECEIVED
NOV 10 1949
BUREAU OF

Evidence for change of date of birth shown on Film G122 11/23/49 dm. Army Discharge.

10693

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Churchton
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Harold	Phipps	Nov.	10	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	married	Sept. 18, 1920	29 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Crane operator	Road building	Churchton, Md	U.S.A.

13. FATHER'S NAME: William L. Phipps
14. MOTHER'S MAIDEN NAME: Bessie Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes	4-21-44 to 2-3-46		Eleanor Phipps

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
9145 Immediate cause	(a) Asphyxiation	15-20 min.
193 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Accidental electrocution	15-20 min.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, ferm, factory, street, office bldg., etc.) OF INJURY Md. Highway 225	(CITY OR TOWN) nr. La Plata	(COUNTY) Charles	(STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☒ Not while at work ☐	HOW DID INJURY OCCUR?
Nov. 10, 1949 P.M.		Crane touched high tension wire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James L. MacKavanagh	M.D., Deputy Medical Examiner	La Plata, Md	11-10-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	11/10/49		Annapolis Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/10/49	Julia H. Casey	Hunt & Ryon	Waldorf, Md

RECEIVED
NOV 14 1949
BUREAU V. D.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10694

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Welcome; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedar Point Neck

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Welcome; STREET ADDRESS (If rural give location) Cedar Point Neck

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Vincent (Last) Proctor

4. DATE OF DEATH: (Month) NOV. (Day) 18, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 13, 1937

9. AGE last birthday: 12 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: Elementary school

11. BIRTHPLACE (State or foreign country): Charles Co., Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clemento Proctor

14. MOTHER'S MAIDEN NAME: Mary Alberta Harley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mary Alberta ~~Harley~~ Proctor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage (probably) — Interval Between Onset and Death: 6-7 hrs.

754.6 Antecedent cause(s)

157f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital aneurysm cerebral arteries (prob.) — 12 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —; (CITY OR TOWN) —; (COUNTY) —; (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased ~~from~~ on Nov. 18, 1949, to ~~1949~~, that I last saw the deceased alive on Nov. 18, 1949, and that death occurred at 2:40 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James L. MacKavenagh, M.D. ADDRESS La Plata, Md. DATE SIGNED 11-18-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: 11-21-49; NAME OF CEMETERY OR CREMATORY: St. Ignatius; LOCATION (City, town, or county) (State): Bel Alton Md

DATE REC'D BY LOCAL REG.: 11-19-49; REGISTRAR'S SIGNATURE: Julia H. Posey

24. FUNERAL DIRECTOR: Hewett & Ryan; ADDRESS: Waldorf, Md

VS. A15

RECEIVED
NOV 21 1989
BUREAU V.R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10695

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County: Charles

City or town: Pisgah

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Charles.

City or town: Pisgah.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Grace Riley

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6.(b) Name of husband or wife: J. W. Riley

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug 16 1879

8. AGE: Years: 70 Months: 2 Days: 20 If less than one day: ..... hrs. ..... min.

9. Birthplace: Manassas Virginia (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER — 12. Name: Unknown

13. Birthplace: Virginia.

MOTHER — 14. Maiden name: Unknown

15. Birthplace: Unknown

16. Informant: Catherine James

Address: Pisgah Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 8 1949 (month) (day) (year)

Cemetery or crematory: Park Hill Cemetery

Location: Marlboro Md.

18. Funeral director: Hunter Ryon

Address: Waldorf Md

19. Nov. 7 1949 (Date rec'd by registrar) Mercy Sutherland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 5 1949 at 7 30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1949 to Nov 5 1949

and that I last saw her alive on Nov 5 1949

Immediate cause of death	DURATION
Anemia. Anamition	
Due to: Chr. Cardiac Disease	
Due to:	
Other conditions: 434.3 95C (Include pregnancy within 3 months of death)	

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Geo. C. Biskett M.D. M. D. or other

Address: Marlboro Md Date signed: Nov. 7 49

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10696

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata | LENGTH OF STAY (in this place): 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) Nettie (Middle) Julia (Last) Shelton

4. DATE OF DEATH: (Month) Nov. (Day) 8 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: April 3 1893

9. AGE last birthday: 56 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Alexandria Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William A. Harding

14. MOTHER'S MAIDEN NAME: Claudia Underwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY No. —

17. INFORMANT: Robert T. Shelton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary occlusion	15-20'
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Essential hypertension	5 yrs.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. —
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: —
(CITY OR TOWN): — (COUNTY): — (STATE): —

TIME (Month) (Day) (Year) (Hour) OF INJURY: — m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS: James L. MacKavanagh, M.D., Deputy Medical Examiner, La Plata Md. — DATE SIGNED: 11-8-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11/4/49 | NAME OF CEMETERY OR CREMATORY: Mt. Olivet | LOCATION (City, town, or county): Washington D.C. | (State)

DATE REC'D BY LOCAL REG. 11-2-49 | REGISTRAR'S SIGNATURE: W. L. Moore

24. FUNERAL DIRECTOR: Hunter & Ryon, Waldorf, Md. — ADDRESS

11/4/49 Julia H. Posey

RECEIVED
NOV 7 1949
BUREAU P. S.

10697

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH:

County: Charles

City or town: R.F.D. Waldorf (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Charles

City or town: R.F.D. Waldorf (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Antney Shorter

3. (b) Social Security Number

4. Sex: M

5. Color or race: Col

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): March 11 1949

8. AGE: Years | Months: 7 | Days | If less than one day ... hrs. ... min.

9. Birthplace: Washington D.C. (Town, county, and state)

10. Usual occupation: —

11. Industry or business

FATHER: 12. Name: Harry Shorter

13. Birthplace: Chas. Co. Md.

MOTHER: 14. Maiden name: Emma Washington

15. Birthplace: Chas Co. Md.

16. Informant: Harry Shorter

Address: Waldorf, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11/28/49 (month) (day) (year)

Cemetery or crematory: St. Josephs

Location: Bomfret, Md.

18. Funeral director: Hunt & Ryan

Address: Waldorf, Md.

19. 11-27 1949 M.L. Moore Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11/27/49 19 ... at 2A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ on 6/28/49 and on 11/27/49 19 and on 8/5/49 alive on 11/27/49 19

Immediate cause of death: Partial Abdominal Obstruction (Stenosis)

Due to: Congenital

Due to

Other conditions: 756.0 (Include pregnancy within 3 months of death)

Major findings of operations: 1579

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Edwin L. Lane M.D. M. D. or other

Address: Waldorf Md Date signed: 11/27/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
NOV 30 1949
BUREAU V. S.